

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>US JOBS COUNCIL</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00560029		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>		
Full Name of Payee <b>ALTERNATIVE MEDIA OPS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2014		
Mailing Address P.O. BOX 221			Amount 5000.00		
City BRIDGEWATER		State NY	Zip Code 11718		Transaction ID : SE.4112
Purpose of Expenditure ONLINE ADVERTISING		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2014	
Name of Federal Candidate GEORGE DEMOS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>COLLECTIVE</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2014		
Mailing Address 99 PARK AVENUE 5TH FLOOR			Amount 25000.00		
City NEW YORK		State NY	Zip Code 10016		Transaction ID : SE.4116
Purpose of Expenditure ONLINE ADVERTISING		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2014	
Name of Federal Candidate GEORGE DEMOS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Saul Anuzis</i>			Date MM / DD / YYYY 05 / 21 / 2014		

[Electronically Filed]